

<i>SERFF Tracking Number:</i>	<i>USLH-128129568</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Security Life and Health Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>EZTL-12POL</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>EZ Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>EZ Term Life Insurance/EZTL-12POL</i>		

## Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: EZ Term Life Insurance

SERFF Tr Num: USLH-128129568 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-Closed  
State Tr Num:

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Co Tr Num: EZTL-12POL

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jaime Gettemans, Peg Lundy

Disposition Date: 03/12/2012

Date Submitted: 02/29/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: EZ Term Life Insurance

Project Number: EZTL-12POL

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 02/22/2012

Domicile Status Comments: Approved

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/12/2012

State Status Changed: 03/12/2012

Deemer Date:

Created By: Peg Lundy

Submitted By: Peg Lundy

Corresponding Filing Tracking Number: USLH-128129568

Filing Description:

Please see attached Cover Letter under the Supporting Documents Tab for a detailed filing description. Thank you very much!

## Company and Contact

SERFF Tracking Number: USLH-128129568 State: Arkansas

Filing Company: United Security Life and Health Insurance State Tracking Number:

Company

Company Tracking Number: EZTL-12POL

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: EZ Term Life Insurance

Project Name/Number: EZ Term Life Insurance/EZTL-12POL

### Filing Contact Information

Peg Lundy, plundy@unitedsecuritylandh.com  
 6640 S. Cicero Avenue 708-475-6025 [Phone]  
 Bedford Park, IL 60638

### Filing Company Information

United Security Life and Health Insurance CoCode: 81108 State of Domicile: Illinois  
 Company  
 6640 S. Cicero Group Code: Company Type:  
 Bedford Park, IL 60638 Group Name: State ID Number:  
 (708) 475-6000 ext. [Phone] FEIN Number: 36-3692140  
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### Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 for each form filed in the Forms Tab.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	\$150.00	02/29/2012	56730643

SERFF Tracking Number: USLH-128129568 State: Arkansas

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Company

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Product Name: EZ Term Life Insurance

Project Name/Number: EZ Term Life Insurance/EZTL-12POL

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/12/2012	03/12/2012

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	03/05/2012	03/05/2012	Peg Lundy	03/08/2012	03/08/2012

<i>SERFF Tracking Number:</i>	<i>USLH-128129568</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Security Life and Health Insurance</i>	<i>State Tracking Number:</i>	
	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>EZTL-12POL</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration -</i>
			<i>Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>EZ Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>EZ Term Life Insurance/EZTL-12POL</i>		

## Disposition

Disposition Date: 03/12/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: USLH-128129568 State: Arkansas

Filing Company: United Security Life and Health Insurance State Tracking Number:

Company

Company Tracking Number: EZTL-12POL

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: EZ Term Life Insurance

Project Name/Number: EZ Term Life Insurance/EZTL-12POL

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter for EZ Term Life Insurance		Yes
Supporting Document	Certificate of Compliance - Regulation 19s10B		Yes
Form (revised)	EZ Term Life Insurance Policy		Yes
Form	EZ Term Life Insurance Policy	Replaced	Yes
Form	EZ Term Life Children's Rider		Yes
Form	EZ Term Life Spouse Rider		Yes

SERFF Tracking Number: USLH-128129568 State: Arkansas  
Filing Company: United Security Life and Health Insurance State Tracking Number:  
Company  
Company Tracking Number: EZTL-12POL  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: EZ Term Life Insurance  
Project Name/Number: EZ Term Life Insurance/EZTL-12POL

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 03/05/2012  
Submitted Date 03/05/2012  
Respond By Date 04/05/2012

Dear Peg Lundy,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

We did not find a provision in the contract that provide for payment of interest on delayed death claim payments as described in Ark. Code Ann. 23-81-118.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: USLH-128129568 State: Arkansas  
Filing Company: United Security Life and Health Insurance State Tracking Number:  
Company  
Company Tracking Number: EZTL-12POL  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: EZ Term Life Insurance  
Project Name/Number: EZ Term Life Insurance/EZTL-12POL

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 03/08/2012  
Submitted Date 03/08/2012

Dear Linda Bird,

### Comments:

Dear Linda,

### Response 1

Comments: I have made the appropriate changes to the EZ Term Life Policy and also added a Certificate of Compliance for Regulation 19s 10B. I hope these edits meet your approval.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

We did not find a provision in the contract that provide for payment of interest on delayed death claim payments as described in Ark. Code Ann. 23-81-118.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Certificate of Compliance - Regulation 19s10B

Comment: Attached is the Certificate of Compliance for Regulation 19s 10B. Thank you very much!

### Form Schedule Item Changes

SERFF Tracking Number: USLH-128129568 State: Arkansas

Filing Company: United Security Life and Health Insurance State Tracking Number: Company

Company Tracking Number: EZTL-12POL

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: EZ Term Life Insurance

Project Name/Number: EZ Term Life Insurance/EZTL-12POL

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
EZ Term Life Insurance Policy	EZTL-12POL-AR		Policy/Contract/Fraternal Certificate	Revised	EZTL-12POL		EZ Term Life Policy - (EZTL-12POL-AR).pdf
<b>Previous Version</b>							
EZ Term Life Insurance Policy	EZTL-12POL		Policy/Contract/Fraternal Certificate	Initial			EZ Term Life Policy - (EZTL-12POL).pdf

No Rate/Rule Schedule items changed.

Thank you very much! Sincerely, Peg Lundy

Sincerely,  
Jaime Gettemans, Peg Lundy

SERFF Tracking Number: USLH-128129568 State: Arkansas

Filing Company: United Security Life and Health Insurance Company State Tracking Number:

Company Tracking Number: EZTL-12POL

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: EZ Term Life Insurance

Project Name/Number: EZ Term Life Insurance/EZTL-12POL

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	EZTL-12POL-AR	Policy/Contract	EZ Term Life Insurance Policy	Revised	Replaced Form #: EZTL-12POL-AR Previous Filing #: EZTL-12POL		EZ Term Life Policy - (EZTL-12POL-AR).pdf
	EZTL-CH-RDR	Certificate	EZ Term Life Children's Rider	Initial			EZ Term Life Rider - Child Term Rider.pdf
	EZTL-SP-RDR	Certificate	EZ Term Life Spouse Initial Amendmen Rider				EZ Term Life Rider - Spouse Term Rider.pdf

**UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**  
**6640 South Cicero Avenue**  
**Bedford Park, Illinois 60638**

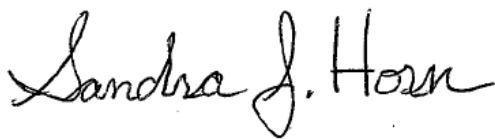
**EZ TERM**  
**TERM LIFE INSURANCE POLICY**

In this policy the words "You" and "Yours" refer to You, the insured named on Schedule Page 3. The words "We", "Us", and "Our" refer to UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY.


We issue this policy to You in consideration of the application and the payment of the premiums. We promise to pay benefits according to the provisions on this and the following pages of this Policy. This Policy is a legal contract between the policyowner and Us.

We will pay the proceeds of this Policy to the Beneficiary when We receive proof at Our Home Office that You have died while this Policy was in force.

Signed for Us at Our Home Office in Bedford Park, Illinois on the Issue Date.



President



Secretary

**READ YOUR POLICY CAREFULLY**

**RIGHT TO CANCEL.** Within 10 days after this Policy is first received, it may be canceled by delivering or mailing it to our Home Office (UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY, 6640 South Cicero Avenue, Bedford Park, Illinois 60638), the agent through whom it was purchased, or to any agent of Ours. Upon cancellation, all money will be refunded.

**RENEWABLE TERM LIFE INSURANCE TO AGE 95 POLICY**  
**PAYABLE AT DEATH OF INSURED**  
**INDETERMINATE PREMIUMS**  
**PREMIUMS SUBJECT TO CHANGE AS STATED IN THE PREMIUM CHANGE PROVISION**  
**INITIAL PREMIUM GUARANTEED FOR PERIOD SHOWN ON SCHEDULE PAGE**  
**NON-PARTICIPATING**

## TABLE OF CONTENTS

Page	Description	Page	Description
3	Schedule Page	9	Ownership and Beneficiary Provisions Owner Beneficiary Change of Beneficiary Assignment
4-5	Table of Guaranteed Maximum Annual Premiums		
6	Definitions	9-10	Provisions on How We Pay Policy Benefits Amount of Benefits Payment of Benefits
7-9	Policy Provisions	10	Death of Beneficiary
7	General Provisions Authority Entire Contract Incontestability Misstatement of Age or Sex Non-Participation Protection Against Creditors Suicide Termination Actuarial Basis	11	Disclaimer
8	Premium Provisions Premium Payments Grace Period Premium Change Provision Renewal Privilege Reinstatement		

## SCHEDULE PAGE

Insured	[John Doe]		
Issue Date	[3-1-2012]		
Policy Number	[12345678]		
Issue Age	[35]		
Sex and Class	[Male Preferred Non-Tobacco User]		
Initial Term Period	[10] years		
Face Amount	[\$50,000]		
Initial Premium	[\$114.50]	Premium Mode	[Annual]
Initial Premium Guarantee Period	[5] years		
Guaranteed Maximum Premium for Remainder of Initial Term Period			[\$142.00]
(Thereafter the term period becomes annual to age 95 (see Page 4 for Guaranteed Maximum Premium applicable after Initial Term Period))			
Expiry Date	[2-28-2072]		

### **Basis of Values**

INTEREST RATE FOR RESERVES:	[4.00%]
VALUATION METHOD:	COMMISSIONER'S RESERVE VALUATION METHOD
MORTALITY TABLE:	2001 CSO MALE or FEMALE, NONSMOKER or SMOKER, AGE LAST BIRTHDAY

Policyholder Service Office Company: United Security Life and Health Insurance Company  
Address: 6640 South Cicero Avenue, Bedford Park, IL 60638  
Telephone Number: 1-800-475-4422  
Name of Agent: [John Doe]  
Address: [1234 Insurance Avenue, Little Rock, Arkansas 72201]  
Telephone Number: [501-123-4567]

If we at United Security Life and Health Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201  
(501) 371-2640 or (800) 852-5494

# TABLE OF GUARANTEED MAXIMUM ANNUAL PREMIUMS

Applicable After Initial Term Period Shown on the Schedule Page

Gross Annual Premiums per \$1,000 of Face Amount

Add \$[48] Annual Policy Fee

Attained Age	Male			Female		
	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco
28	[1.73	2.16	3.08	1.42	1.77	2.18
29	1.73	2.16	3.12	1.46	1.83	2.27
30	1.74	2.18	3.20	1.50	1.88	2.37
31	1.78	2.22	3.30	1.55	1.94	2.46
32	1.82	2.28	3.44	1.60	2.00	2.57
33	1.90	2.37	3.62	1.66	2.07	2.70
34	1.98	2.48	3.83	1.73	2.16	2.85
35	2.08	2.60	4.08	1.81	2.27	3.02
36	2.18	2.73	4.38	1.93	2.42	3.27
37	2.33	2.91	4.76	2.08	2.60	3.57
38	2.48	3.11	5.18	2.23	2.79	3.92
39	2.65	3.32	5.66	2.40	3.00	4.29
40	2.86	3.57	6.21	2.60	3.26	4.74
41	3.07	3.84	6.81	2.82	3.53	5.22
42	3.30	4.13	7.47	3.04	3.80	5.70
43	3.55	4.44	8.19	3.25	4.07	6.18
44	3.83	4.79	8.99	3.47	4.34	6.66
45	4.14	5.18	9.83	3.71	4.64	7.17
46	4.48	5.60	10.70	3.96	4.95	7.70
47	4.84	6.05	11.64	4.24	5.30	8.24
48	5.23	6.54	12.66	4.52	5.66	8.82
49	5.66	7.08	13.77	4.85	6.06	9.47
50	6.16	7.70	15.00	5.21	6.51	10.16
51	6.72	8.40	16.40	5.60	7.01	10.89
52	7.37	9.21	17.97	6.06	7.58	11.73
53	8.11	10.14	19.76	6.56	8.21	12.66
54	8.94	11.18	21.71	7.08	8.85	13.61
55	9.86	12.33	23.79	7.63	9.54	14.58
56	10.87	13.59	26.00	8.18	10.23	15.54
57	11.94	14.93	28.32	8.72	10.91	16.44
58	13.13	16.41	30.77	9.26	11.58	17.33
59	14.46	18.08	33.39	9.88	12.35	18.27
60	15.95	19.94	36.32	10.60	13.25	19.40
61	17.60	22.01	39.62	11.48	14.36	20.81
62	19.51	24.39	43.34	12.59	15.74	22.62
63	21.67	27.09	47.49	13.94	17.43	24.83
64	24.07	30.09	52.04	15.47	19.34	27.29
65	26.70	33.38	56.85	17.11	21.39	29.88
66	29.54	36.93	61.89	18.82	23.52	32.52
67	34.92	43.65	71.90	22.02	27.53	37.58
68	41.03	51.29	82.95	25.55	31.94	43.03
69	48.06	60.07	95.35	29.58	36.98	49.12

# TABLE OF GUARANTEED MAXIMUM ANNUAL PREMIUMS

(continued)

Applicable After Initial Term Period Shown on the Schedule Page

Gross Annual Premiums per \$1,000 of Face Amount

Add \$[48] Annual Policy Fee

Attained Age	Male			Female		
	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco
70	56.22	70.28	109.39	34.34	42.93	56.28
71	64.62	80.78	125.46	39.44	49.30	65.10
72	71.92	89.90	143.96	44.13	55.16	75.88
73	80.18	100.22	164.99	49.74	62.18	88.85
74	89.25	111.56	188.74	56.21	70.26	104.04
75	98.94	123.68	215.06	63.42	79.28	121.29
76	109.18	136.48	243.33	71.23	89.04	140.45
77	119.89	149.86	273.27	79.60	99.50	161.41
78	131.12	163.90	305.01	88.66	110.82	184.47
79	143.23	179.04	339.33	98.69	123.36	210.34
80	156.61	195.76	377.13	110.10	137.62	239.94
81	171.60	214.50	404.88	123.22	154.02	264.69
82	188.51	235.64	435.63	138.34	172.92	292.83
83	207.26	259.08	468.87	155.39	194.24	325.32
84	227.49	284.36	503.49	174.19	217.74	360.54
85	248.72	310.90	538.32	194.53	243.16	397.95
86	270.69	338.36	572.52	216.26	270.32	437.25
87	293.06	366.32	607.62	239.34	299.18	478.05
88	315.73	394.66	644.19	263.81	329.76	520.56
89	339.02	423.78	680.55	289.84	362.30	564.75
90	363.28	454.10	717.24	317.65	397.06	613.74
91	389.06	486.32	755.40	347.87	434.84	666.48
92	417.31	521.64	799.65	381.65	477.06	724.98
93	450.80	563.50	856.41	421.36	526.70	793.68
94	495.73	619.66	933.81	472.37	590.46	885.69]

## DEFINITIONS

**AGE** means the Insured's Age on his or her last birthday at the Issue Date. Age changes occur only on Policy anniversaries.

**AMENDMENT OR ENDORSEMENT** are words indicating a modification of this Policy.

**BENEFICIARY** is the person or entity named to receive the Death Benefits of this Policy.

**FREQUENCY and MODAL** refer to the number of times per year that a Premium is payable:

1. Annually — 1 time per year;
2. Semi-Annually — 2 times per year;
3. Quarterly — 4 times per year;
4. Monthly or Special Monthly — 12 times per year.

**HOME OFFICE** means UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY, 6640 South Cicero Avenue, Bedford Park, Illinois 60638.

**IN WRITING** means in a written form satisfactory to Us and filed at Our Home Office.

**INSURED** is the person whose life is covered by this Policy. The Insured's name is shown on the application for this Policy and under Policy Data on Page 3.

**ISSUE DATE** is the date this Policy becomes enforceable. It is used to determine Policy years, Policy anniversaries and Premium due dates.

**PREMIUMS** are the payments that are made to Us for this Policy.

**PROCEEDS** means the net amount payable under this Policy upon the death of the Insured.

**PROOF** means documentation of loss In Writing acceptable to Us.

**RIDER** means an attachment to this Policy that provides additional benefits.

**TOTAL PREMIUM** at any time is the sum of the Premium for the Basic Policy Benefit and the Premiums for any attached in force Riders, all computed for the Frequency of payment shown on Page 3.

**WE, OUR and US** all mean the UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY.

**YOU and YOUR(s)** refer to the Owner of this Policy.

## **POLICY PROVISIONS**

### **GENERAL PROVISIONS**

**AUTHORITY:** Only the President, a Vice President, or the Secretary have authority to make changes to this Policy or to waive any of its provisions or requirements. This must be done in writing.

**ENTIRE CONTRACT:** The Entire Contract consists of this Policy and the attached application, plus any attached Riders, Amendments or Endorsements. We have issued this Policy in return for the application and payment of the first Premium. Statements in the application, in the absence of fraud, are considered representations rather than warranties.

**INCONTESTABILITY:** This Policy shall be Incontestable, except for non payment of premium, after it has been in force, while the Insured is alive, for two years after the Issue Date. If this Policy is Reinstated, a new two year Incontestability period shall apply from the date of the application for Reinstatement and will apply only to statements made in the application for Reinstatement. This provision does not apply to:

1. non-payment of Premiums; and
2. the Waiver of Premium Disability Benefit provision.

**MISSTATEMENT OF AGE OR SEX:** If the Age or Sex of the Insured as shown on Page 3 is not correct, the Benefit to be paid will be adjusted. This Benefit will be an amount that the Premium paid would have purchased for the true Age and Sex.

**NON-PARTICIPATION:** This Policy does not share in the surplus or earnings of the Company. This Policy will not pay any dividends.

**PROTECTION AGAINST CREDITORS:** So far as allowed by law and this Policy, payment of Proceeds will not be subject to claims of the Insured's creditors or to legal process.

**SUICIDE:** If the Insured commits Suicide, while sane or insane, within two years from the Issue Date, We will pay only a benefit equal to the amount of Premiums paid.

**TERMINATION:** All coverage under this Policy will terminate when one of the following events occurs:

1. the Premium for the Policy is not paid when due or within the Grace Period;
2. the first premium date following the date the Owner sends a signed written request for termination of this Policy.
3. the Primary Insured dies; or
4. the Expiry Date shown on the Policy Schedule Page is reached.

**ACTUARIAL BASIS:** Reserves have been computed using the mortality table and interest rates shown on the Schedule Page. The calculations assume that deaths are evenly distributed throughout the Policy year. A detailed method of computing reserves has been filed with the Insurance Department of the state where this Policy was delivered. All reserves are at least equal to those required by the laws of such state.

## **PREMIUM PROVISIONS**

**PREMIUM PAYMENTS:** Premiums for the Basic Coverage and any attached Riders are shown on Page 3 under the Schedule of Benefits and Premiums. The Total Premium is payable in advance for the Frequency shown. You may change the Frequency on any Policy anniversary upon written request to Us at Our Home Office. The Total Premium for other payment Frequencies is also shown. If You request, We will give You a receipt for Your Premium Payment signed by one of Our Officers.

**GRACE PERIOD:** A Grace Period of 31 days is allowed to pay any Premium but the first. During this Grace Period, the Policy will be in full force. If the Premium remains unpaid at the end of the Grace Period, the Policy will terminate. If the Insured dies during the Grace Period, any Premiums due will be deducted from the Face Amount.

**PREMIUM CHANGE PROVISION:** The Initial Premium is shown on the Schedule Page and is guaranteed not to change during the Initial Premium Guarantee Period shown on the Schedule Page. After the Initial Premium Guarantee Period, the premium may change but will not exceed the Guaranteed Maximum Premium for Remainder of Initial Term Period shown on the Schedule Page. We may charge less than the maximum premiums shown, but will never charge more. If there is a premium change, we will inform the Owner before each policy year begins of the amount of the annual premium for that Policy year.

Any change will be applied on a uniform basis by age, sex, premium class and number of Policy years in force. A change in the health, occupation or other risk factor after the Issue Date will not affect any adjustment in premium. A change will not affect Policy reserves. Premiums for any Rider attached to this Policy will not be adjusted, unless the Rider provides for such adjustment.

**RENEWAL PRIVILEGE:** This Policy may be renewed at the end of the Initial Term Period. After the Initial Term Period, the term period becomes annual. The Policy may be renewed each year until the Expiry Date shown on the Schedule Page. To renew, just send us the applicable renewal premium within 31 days after the end of the preceding term period and while this Policy is in force. The renewal premium is based on the Table of Guaranteed Maximum Premiums shown on page 4 and is subject to the Premium Change Provision.

**REINSTATEMENT:** This Policy may be reinstated within 3 years after it lapses. We require:

1. that the Policy has not been surrendered for cash; and
2. evidence of insurability satisfactory to Us; and
3. payment of all past due Premiums; and
4. Interest to date of reinstatement on 3, above, at the rate of 6% per year, compounded annually.

## OWNERSHIP AND BENEFICIARY PROVISIONS

**OWNER:** While the Insured is alive, the Owner may exercise all Policy rights not Assigned. The Insured is the Owner unless otherwise stated in the application, or later changed in writing. If the Insured is under the statutory age to contract for life insurance, he or she cannot exercise the rights of ownership. Then these rights may be exercised by the following, successively, while living and legally competent:

1. the person who applied for this Policy;
2. the primary Beneficiary;
3. the contingent Beneficiary; or
4. the legal guardian of the Insured.

**BENEFICIARY:** The Beneficiary is the person or entity named to receive the Death Benefit and is shown on Page 3. While the Insured is alive, the Owner may change the Beneficiary. Rights of a Beneficiary are subject to any Assignment of record. If any Beneficiary dies before the Insured, that Beneficiary's interest is transferred to the Owner unless otherwise provided. If a Beneficiary is a minor, We will pay the Proceeds to the guardian of his property. We may require Proof of Age.

**CHANGE OF BENEFICIARY:** The Change may be made on forms We provide. It will take effect when signed subject to any action We take before recording it. The Change will be effective whether or not the Insured is alive when it is recorded. We may require that the Policy be submitted to Us for endorsement reflecting this Change.

**ASSIGNMENT:** This Policy may be Assigned. The Assignment must be in writing and is effective only when recorded at the Home Office. We are not responsible for the validity of an Assignment. Any Assignment is subject to any actions We took before it was effective. The interest of any Beneficiary or other person shall be subject to any Assignment, regardless of when the Assignment is made.

## PROVISIONS ON HOW WE PAY POLICY BENEFITS

**AMOUNT OF BENEFITS:** The benefits payable at Your death will be the sum of:

1. the Face Amount of this Policy; plus
2. any insurance on Your life provided by Riders; plus
3. any premium paid beyond the date of death.

Payment will be made within 30 days of receipt of proof of Your death. If payment is not made within this time period, We shall pay interest upon the proceeds or refund premiums as the rate of eight percent (8%) per year.

**PAYMENT OF BENEFITS:** Normally any amount payable by Us under this Policy will be paid in one lump sum. If requested We will make payment in installments by mutual agreement. If this has not been arranged in advance, then the person receiving the Policy benefits may request installment payments. Otherwise We will pay the benefits in one lump sum.

**DEATH OF BENEFICIARY:** If the Beneficiary dies before You and You have not named a new Beneficiary prior to Your death, then We will pay the Benefits to Your estate.

**UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY  
6640 South Cicero Avenue  
Bedford Park, Illinois 60638**

**RENEWABLE TERM LIFE INSURANCE TO AGE 95 POLICY  
PAYABLE AT DEATH OF INSURED  
INDETERMINATE PREMIUMS  
PREMIUMS SUBJECT TO CHANGE AS STATED IN THE PREMIUM CHANGE PROVISION  
INITIAL PREMIUM GUARANTEED FOR PERIOD SHOWN ON SCHEDULE PAGE  
NON-PARTICIPATING**

**DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

**UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**  
**6640 South Cicero Avenue**  
**Bedford Park, Illinois 60638**

**Children's Term Life Insurance Rider**

This Rider is attached to and made a part of the Policy issued by United Security Life and Health Insurance Company. This Rider is issued in consideration of: (1) the Application, a copy of which is attached to and made a part of the contract; and (2) the payment of the required premium for this Rider, as shown on the Schedule Page. This Rider is subject to all of the provisions of the Policy to which it is attached that are not in conflict with the provisions of this Rider.

**BENEFIT**

**Death Benefit.** United Security Life and Health Insurance Company will pay a Death Benefit to the Beneficiary upon receipt of proof of death of a Covered Child. Such death must occur while this Rider is in full force and effect. The Death Benefit for a Covered Child is shown on the Schedule Page.

**DEFINITIONS**

**Beneficiary.** The Beneficiary will be: (1) the Primary Insured, if living; or (2) the lawful spouse of the Primary Insured, when the Primary Insured is not then living; or (3) the estate of the Primary Insured, when the Primary Insured is not then living and there is no surviving lawful spouse.

**Covered Child.** A dependent child, stepchild or legally adopted child living in the household of the Primary Insured who: (1) is more than 60 days of age, or released from the hospital, whichever occurs later; (2) has not reached his or her 20<sup>th</sup> birthday; and (3) is named in the Application for this Rider or is born to or legally adopted by the Primary Insured after the effective date of this Rider. A child of the Primary Insured, who is not named in the Application, may be included as a Covered Child at the request of the Owner including: (a) confirmation the child is a dependent of the Primary Insured, is more than 60 days of age, or released from the hospital whichever occurs later; or (b) the child has not reached his or her 20<sup>th</sup> birthday. A Covered Child will no longer be a Covered Child, and the benefits provided by this Rider for a Covered Child will terminate on the first to occur of the termination of this Rider or the Policy anniversary following the Covered Child's 22<sup>nd</sup> birthday.

**Owner.** The Owner of the Policy to which this Rider is attached shall be the Owner of this Rider during the lifetime of the Primary Insured.

**Primary Insured.** The person insured under the Policy to which this Rider is attached.

**TERMINATION**

This Rider will continue in force until the first of the following occurs: (1) the death of the Primary Insured; (2) the anniversary following the 22<sup>nd</sup> birthday of the youngest Covered Child; (3) the end of the Grace Period for any unpaid premium for the Policy and this Rider; (4) the Expiry Date shown on the Policy Schedule Page is reached; or (5) the first premium due date following the date the Owner sends Us a signed written request for termination of this Rider.

## GENERAL

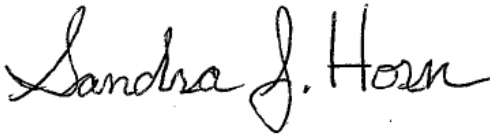
**Reinstatement.** We will reinstate this Rider in accordance with the conditions for reinstatement stated in the Policy. Evidence of insurability shall include evidence, satisfactory to us, of the insurability of each then Covered Child.

**Incontestability.** This Rider shall be incontestable, except for non-payment of premium, after it has been in force, during the lifetime of the Primary Insured, for two years.


**Suicide.** In the event of the death of the Primary Insured by Suicide, within 2 years after the effective date of this Rider, the sum of premiums paid for this Rider will be returned and this Rider will terminate.

**Nonforfeiture Benefits.** Nonforfeiture Benefits are not provided by this Rider. The Benefits of this Rider will not be included in determination of any such benefits provided by the Policy.

United Security Life and Health Insurance Company has signed the Rider at its Home Office to be effective on the same date as the Policy.

A handwritten signature in black ink that reads "Sandra J. Horn". The script is cursive and fluid.

President

A handwritten signature in black ink that reads "Robert H. Jones". The script is cursive and fluid.

Secretary

**UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**  
**6640 South Cicero Avenue**  
**Bedford Park, Illinois 60638**

**Spouse Term Life Insurance Rider**

This Rider is attached to and made a part of the Policy issued by United Security Life and Health Insurance Company. This Rider is issued in consideration of: (1) the Application, a copy of which is attached to and made a part of the contract; and (2) the payment of the required premium for this Rider, as shown on the Schedule Page. This Rider is subject to all of the provisions of the Policy to which it is attached that are not in conflict with the provisions of this Rider.

**BENEFIT**

**Death Benefit.** United Security Life and Health Insurance Company will pay a Death Benefit to the Beneficiary upon receipt of proof of death of the Lawful Spouse. Such death must occur while this Rider is in full force and effect. The Death Benefit for the Lawful Spouse is shown on the Schedule Page.

**DEFINITIONS**

**Beneficiary.** The Beneficiary will be: (1) the Primary Insured, if living; or (2) the estate of the Primary Insured, when the Primary Insured is not then living.

**Lawful Spouse.** The lawful spouse of the Primary Insured on the effective date of this Rider. The Lawful Spouse is named in the Application for this Rider.

**Owner.** The Owner of the Policy to which this Rider is attached shall be the Owner of this Rider during the lifetime of the Primary Insured.

**Primary Insured.** The person insured under the Policy to which this Rider is attached.

**TERMINATION**

This Rider will continue in force until the first of the following occurs: (1) the death of the Primary Insured; (2) the end of the Grace Period for any unpaid premium for the Policy and this Rider; (3) the Expiry Date shown on the Policy Schedule Page is reached; or (4) the first premium due date following the date the Owner sends Us a signed written request for termination of this Rider.

## GENERAL

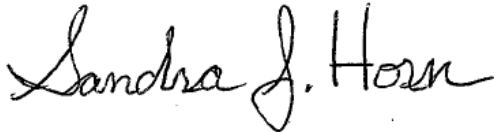
**Reinstatement.** We will reinstate this Rider in accordance with the conditions for reinstatement stated in the Policy. Evidence of insurability shall include evidence, satisfactory to us, of the insurability of the Lawful Spouse.

**Incontestability.** This Rider shall be incontestable, except for non-payment of premium, after it has been in force, during the lifetime of the Primary Insured, for two years.

**Suicide.** In the event of the death of the Primary Insured by Suicide, within 2 years after the effective date of this Rider, the sum of premiums paid for this Rider will be returned and this Rider will terminate.

**Nonforfeiture Benefits.** Nonforfeiture Benefits are not provided by this Rider. The Benefits of this Rider will not be included in determination of any such benefits provided by the Policy.

United Security Life and Health Insurance Company has signed the Rider at its Home Office to be effective on the same date as the Policy.

A handwritten signature in cursive script that reads "Sandra J. Horn".

President

A handwritten signature in cursive script that reads "Robert H. Jones".

Secretary

SERFF Tracking Number: USLH-128129568 State: Arkansas

Filing Company: United Security Life and Health Insurance Company State Tracking Number:

Company Tracking Number: EZTL-12POL

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: EZ Term Life Insurance

Project Name/Number: EZ Term Life Insurance/EZTL-12POL

## Supporting Document Schedules

	Item Status:	Status Date:
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**Satisfied - Item:** Flesch Certification

**Comments:**

Please see attached Flesch Certification Documents for this filing. Thank you very much!

**Attachments:**

- 2.29.12 - Flesch Certification (EZTL-12POL) - AR.pdf
- 2.29.12 - Flesch Certification (EZTL-CH-RDR) - AR.pdf
- 2.29.12 - Flesch Certification (EZTL-SP-RDR) - AR.pdf

	Item Status:	Status Date:
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**Satisfied - Item:** Application

**Comments:**

Application approved in Domicile State of IL on 2.22.12 - EZTL-12APP

**Attachment:**

EZ Term Life Application - (EZTL-12APP).pdf

	Item Status:	Status Date:
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**Satisfied - Item:** Life & Annuity - Acturial Memo

**Comments:**

Please see attached Actuarial Memorandum for this filing. Thank you very much!

**Attachment:**

Actuarial Memorandum (EZTL-12POL).pdf

	Item Status:	Status Date:
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**Satisfied - Item:** Cover Letter for EZ Term Life Insurance

**Comments:**

*SERFF Tracking Number:* USLH-128129568 *State:* Arkansas  
*Filing Company:* United Security Life and Health Insurance *State Tracking Number:*  
Company  
*Company Tracking Number:* EZTL-12POL  
*TOI:* L04I Individual Life - Term *Sub-TOI:* L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
*Product Name:* EZ Term Life Insurance  
*Project Name/Number:* EZ Term Life Insurance/EZTL-12POL

Please see attached Cover Letter. Thank you very much!

**Attachment:**

2.29.12 - Cover Letter (EZ Term Life Product) - AR.doc.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Certificate of Compliance -  
Regulation 19s10B

**Comments:**

Attached is the Certificate of Compliance for Regulation 19s 10B. Thank you very much!

**Attachment:**

3.8.12 - Certificate of Compliance (EZTL-12POL-AR).pdf



6640 S. Cicero Avenue, Bedford Park, Illinois 60638  
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

**FLESCH CERTIFICATION**

This is to certify that the attached EZ Term Life Insurance Policy (EZTL-12POL) for Arkansas received a Flesch Reading Ease Score of 50.4. This form complies with the requirements of Arkansas Code A.C.A. 23-80-206.

A handwritten signature in black ink, appearing to read 'Robert G. Dial', written in a cursive style.

Robert G. Dial  
Vice President of Compliance

February 29, 2012  
Date



6640 S. Cicero Avenue, Bedford Park, Illinois 60638  
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

**FLESCH CERTIFICATION**

This is to certify that the attached EZ Term Life Insurance Children's Rider (EZTL-CH-RDR) for Arkansas received a Flesch Reading Ease Score of 55.2. This form complies with the requirements of Arkansas Code A.C.A. 23-80-206.

A handwritten signature in black ink, appearing to read 'Robert G. Dial'.

Robert G. Dial  
Vice President of Compliance

February 29, 2012  
Date



6640 S. Cicero Avenue, Bedford Park, Illinois 60638  
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

**FLESCH CERTIFICATION**

This is to certify that the attached EZ Term Life Insurance Spouse Rider (EZTL-SP-RDR) for Arkansas received a Flesch Reading Ease Score of 56.3. This form complies with the requirements of Arkansas Code 23-80-206.

A handwritten signature in black ink, appearing to read 'Robert G. Dial'.

Robert G. Dial  
Vice President of Compliance

February 29, 2012  
Date

**APPLICATION FOR EZ TERM LIFE INSURANCE WITH  
UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

6640 South Cicero Avenue, Bedford Park, Illinois 60638

1-800-875-4422 [www.uslandh.com](http://www.uslandh.com)

Fax number: (708) 475-6120

**PART ONE**

**A. Primary Proposed Insured (PPI)**

1. Name (First, Middle Initial, Last)		2. SS/Tax ID No.	3. Birthplace (State/Country)
4. Residence Address (Including City, State & Zip)		5. Business Address (Including City, State & Zip)	
6. Residence Phone Number: ( )		7. Cell Phone Number: ( )	
8. Driver's License No./State	9. Occupation and Nature of Duties	10. Annual Income	11. Employer
12. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		13. Email Address	

**B. All Proposed Insureds (List PPI first, then spouse and children, if applicable. For additional applicants, please list on a separate, signed sheet.)**

First Name	Middle	Last	SS/Tax ID No.	Relation to PPI	Sex M/F	Date of Birth Mo/Day/Yr	Birthplace State/Country	Height Ft. In.	Weight Lbs.
1				PPI					
2									
3									
4									
5									

**C. Plan of Insurance**

Amount (\$20,000-\$250,000) \$	Plan <input type="checkbox"/> 10 yr <input type="checkbox"/> 20 yr <input type="checkbox"/> 30 yr	Age of PPI (Last Birthday)	Requested Effective Date	Payment Mode: <input type="checkbox"/> Annual \$0 <input type="checkbox"/> Semi-Annual \$6 <input type="checkbox"/> Quarterly \$5 <input type="checkbox"/> Monthly Direct \$3 <input type="checkbox"/> Credit Card \$1 <input type="checkbox"/> PAC \$1
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<b>Modal Premium: \$</b>	
<b>Benefits/Riders</b>	<input type="checkbox"/> Spouse Insurance Rider \$ (\$10,00 - \$75,000) Cannot exceed 1/2 of PPI Amount <input type="checkbox"/> Children's Insurance Rider \$ (\$5,000 - \$25,000) Cannot exceed 1/4 of PPI Amount

Credit Card Number / \_\_\_\_\_ / ☐ Visa ☐ MasterCard ☐ Discover Exp. Date \_\_\_\_\_ /

**EFT Authorization** As a convenience to me, I hereby request and authorize you to pay and charge my account (check or electronic debit) drawn on my account by and payable to United Security Life & Health Insurance Company, provided there are sufficient funds in said account to pay the same on presentation. I agree that your rights with respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I further agree that if any such check or electronic debit be dishonored, whether with or without a cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance. This authorization is to remain in effect until revoked by me in writing, and until you actually receive such notice.

/ \_\_\_\_\_ /  
Bank Name Bank Address

/ \_\_\_\_\_ /  
Bank Account Number Routing Number

/ \_\_\_\_\_ /  
Printed Name of Depositor Signature of Depositor Date

*D. Life Insurance in Force on All Proposed Insureds:*      ☐ None      ☐ Listed Below

Insured	Issue Year	Company	Face Amount

*E. Beneficiary Designation*

Full Name and Address of Primary Beneficiary(ies)	Social Security/Tax ID No.	Date of Birth	Relationship to PPI	Percent of Proceeds

Full Name and Address of Contingent Beneficiary(ies)	Social Security/Tax ID No.	Date of Birth	Relationship to PPI	Percent of Proceeds

*F. Owner, if other than Primary Proposed Insured*

Full Name	Social Security/Tax ID No.	Date of Birth	Relationship to PPI
Address, if other than Primary Proposed Insured's			

*Contingent Owner*

Full Name	Social Security/Tax ID No.	Date of Birth	Relationship to PPI
Address, if other than Primary Proposed Insured's			

*G. Payor, if other than Primary Proposed Insured*

Full Name	Social Security/Tax ID No.	Date of Birth	Relationship to PPI
Address, if other than Primary Proposed Insured's			

*SPECIAL REQUESTS OR INSTRUCTIONS*


### H. General Information

The following questions pertain to all Proposed Insureds, including children.	Yes	No	Explain fully all "Yes" answers. Indicate question number and the name of the Proposed Insured.
1. Is the insurance applied for intended to replace any existing insurance or annuity contract? (If "YES", enclose all required replacement forms.)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are there any application(s) for any life or health insurance now pending with any company?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has any Proposed Insured ever had an application for life insurance declined, postponed, rated or modified?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is any Proposed Insured NOT a United States citizen? If "YES", provide immigration card number _____	<input type="checkbox"/>	<input type="checkbox"/>	
5. Has any Proposed Insured ever received or claimed disability or a pension for any injury, sickness or impaired condition?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Within the past 3 years, has the Proposed Insured flown in a plane other than as a passenger on a commercial airline or does he or she have plans for such activity within the next year? If "YES", please complete a separate <b>Aviation Risk Supplement</b> form for the Proposed Insured.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Within the past 3 years, has the Proposed Insured participated in or does he or she plan to participate in <b>any</b> of the following? Underwater sports, - scuba diving, skin diving or similar activities, Racing sports – motorcycle, auto, motor boat or similar activities, Sky sports – skydiving, hang gliding, parachuting, ballooning or similar activities, Rock or mountain climbing or similar activities, Bungee jumping or similar activities. If "YES", please describe in the space provided to the right.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does any Proposed Insured have any intention of traveling or living outside the USA or Canada in the next 2 years, except for vacation?	<input type="checkbox"/>	<input type="checkbox"/>	
9. In the past 5 years, has any Proposed Insured been convicted of 2 or more moving violations or driving under the influence of drugs or alcohol, or had a driver's license suspended or revoked? (If "YES", give details.)	<input type="checkbox"/>	<input type="checkbox"/>	
10. In the past 10 years, has any Proposed Insured used marijuana, cocaine, heroin, barbiturates, hallucinogens, or amphetamines, except on the advice of a physician, or been convicted for the use or possession of alcohol; or received advice, counseling or treatment as the result of the use of alcohol or drugs; or used or been convicted for the use or possession of any narcotic, stimulant, sedative, or hallucinogenic drug?	<input type="checkbox"/>	<input type="checkbox"/>	
11. In the past 10 years, has any Proposed Insured been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	

### *1. Physical Data, Health and Medical History*

The following questions pertain to all Proposed Insureds, including children, (Check ALL applicable items)		Yes	No	Explain fully all "Yes" answers. Include name of Proposed Insured and question number the answer applies to, specific diagnosis, treatments, results, dates of onset & recovery, and names & addresses of all doctors & hospitals.
1.	<p>(a) Does any Proposed Insured currently use tobacco in any form? (If "yes", describe tobacco use below.) Who? _____  <input type="checkbox"/> Cigarettes ___ packs per day    <input type="checkbox"/> Cigars    <input type="checkbox"/> Pipe  <input type="checkbox"/> Chewing or other "smokeless" tobacco</p> <p>(b) Is any Proposed Insured a former user of tobacco? (If "yes", describe tobacco use below.) Who? _____ Month/Year quit _____ Describe past use of tobacco _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<p>Has any Proposed Insured ever been diagnosed with or treated for:</p> <p>(a) high blood pressure, chest pain or pressure, angina, heart attack, abnormal heartbeat, murmur, stroke, or any other circulatory system disorder? <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	
	(b) cancer, Hodgkin's disease, leukemia, or any tumor or polyp? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(c) seizures, convulsions, migraine headaches/chronic severe headaches, head injury, paralysis, tremor, stroke, TIA, multiple sclerosis, bi-polar, psychosis, Parkinson's, restless leg syndrome, Lou Gehrig's disease (ALS) or or any other mental or nervous disorder? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(d) organ or bone marrow transplant? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(e) obesity or weight loss surgery? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<p>In the past 10 years, has any Proposed Insured had or been treated for:</p> <p>(a) diabetes, anemia, polycythemia, hemophilia; disorder or enlargement of any gland, including lymph glands or thyroid disorder? <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	
	(b) persistent fever, cough, diarrhea, weakness or infection? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(c) asthma, bronchitis, emphysema, tuberculosis, pneumonia, or any infection or other disorder of the respiratory system? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(d) ulcer, gastritis, colitis, hepatitis, cirrhosis, pancreatitis, or any other disorder of liver, gallbladder, or intestines? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(e) any disorder of the kidneys, bladder, prostate, reproductive organs or breasts; or any sexually transmitted disease? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(f) any disorder of the back, spine, bones, joints or muscles or Rheumatoid Arthritis? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<p>In the past 10 years has any Proposed Insured:</p> <p>(a) been diagnosed by a member of the medical profession as having, or been treated for, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or HIV disease? <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	
	(b) tested positive for antibodies to the HIV virus? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<p>In addition to any doctors or hospitals listed above, in the last 5 years, has any Proposed Insured:</p> <p>(a) been treated, examined or observed in a hospital, clinic, or other medical facility? <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	
	(b) consulted with any other doctors? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(c) been treated for, diagnosed as having, or had an operation for any other cause(s) not listed above? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(d) been advised by a medical professional to have surgery, treatment, testing, or hospitalization and have not done so? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Within the past year, has the weight of any Proposed Insured changed 10 pounds or more? (For children under 16, report only loss) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Have two or more of Proposed Insured's immediate family (parents, siblings) had heart disease, stroke or diabetes prior to their age 60? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<i>PPI'S Family History</i>	<i>Living: Age</i>	<i>Deceased: Age at Death</i>	<i>Cause of Death</i>
Father			
Mother			
Brother			
Sisters			

*REMAINDER OF THE PAGE LEFT BLANK INTENTIONALLY*

**AGREEMENT:** I have read this application, and represent that all of the information given in it is true, complete and correctly written to the best of my knowledge and belief. It is agreed that:

- A. The application consists of Part One, Part Two (if required), and any amendments or supplements to either of said parts. It will be relied on by United Security Life and Health Insurance Company ("United Security") as the basis of any policy which may be issued.
- B. No agent, broker, or medical examiner can accept risks, make or change contracts, or waive any of United Security's rights, conditions, or requirements. Only an authorized officer of United Security can do these things.
- C. Except as may be provided by the Conditional Receipt, there will be no insurance unless and until a policy is delivered and the first modal premium paid in full while the insurability of the Proposed Insured(s) is still as described in the application; I will inform the Company of any changes in my or any proposed insured's health, mental or physical condition, or of any changes to any answers on this application, prior to or upon delivery of this policy.
- D. If the Conditional Receipt is delivered to the Applicant, insurance will start before a policy is delivered only if all the conditions set forth in such receipt are met. If I have received such receipt, its provisions have been explained to me and I fully understand them.
- E. Acceptance of a policy issued on this application will ratify any changes which may be noted in the section for Home Office "Corrections and Additions". But where the law so requires, written consent must be obtained for any change in the application.

**BACKUP WITHHOLDING CERTIFICATION** (required to comply with Federal tax law): Under penalties of perjury, I (the proposed owner) certify that (A) my Social Security (Taxpayer Identification) number as shown in the application is correct, and (B) I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (NOTE: You must cross out item B above if you have been notified by the IRS that you are currently subject to backup withholding.)

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION:** I authorize any medical practitioner, hospital, clinic, mental health facility, facility for the treatment of alcohol, drug abuse, or AIDS, Veteran's Administration hospital, other medically related facility, pharmacy, pharmacy benefits manager or other pharmacy related services organization, claims administrator, employer, insurer or its agent, reinsurer, the Medical Information Bureau, Inc. (MIB), government or law enforcement unit, consumer reporting agency, or other insurance support organization having information as to the mental or physical health, prescription information, occupation, avocation, other insurance, character, habits, driving record, finances, or age of me or my minor children, to give such information to United Security or its reinsurer(s) at any time, including after my death. I further authorize all said sources, except Medical Information Bureau, Inc., to give such information to any agent or insurance support organization acting for United Security or its reinsurer(s).

Any information obtained will be used to determine eligibility for insurance coverage and benefits, and may be released by United Security, to its reinsurer(s), the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I agree that a photocopy of this form will be as valid as the original. I understand that I have the right to revoke this authorization in writing at any time, by sending a written request for revocation to USL&H, P.O. Box 388342, Chicago, Illinois 60638. Attention Privacy Officer. I also agree that this form will be valid for (1) 30 months from the date signed in connection with an application for issuance, reinstatement, or change of an insurance policy, or (2) the duration of a claim for benefits. I know that I, or a person authorized to act for me, may obtain a copy of this form. I acknowledge receipt of notices entitled "Information Practices", "Investigative Consumer Reports", and "Medical Information Bureau, Inc." from United Security.

**WARNING: Any person who, with intent to defraud or knowing that she/he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.**

\_\_\_\_\_  
Signature of Primary Proposed Insured  
(if minor, parent or legal guardian)

\_\_\_\_\_  
\*\*\* Date Signed \*\*\*

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Signature of Spouse, if a Proposed Insured

\_\_\_\_\_  
Signature of Other Proposed Insured  
(if age 15 or over)

\_\_\_\_\_  
Agent's Printed Name / Agent No.

\_\_\_\_\_  
Signature of Proposed Owner  
(if not Primary Proposed Insured)

\_\_\_\_\_  
Signature of Other Proposed Insured  
(if age 15 or over)

\_\_\_\_\_  
Agent's License No. / State

\_\_\_\_\_  
Signature of Other Proposed Insured  
(if age 15 or over)

\_\_\_\_\_  
Signature of Other Proposed Insured  
(if age 15 or over)

\_\_\_\_\_  
Signed at (City,State,Zip)

## CONDITIONAL RECEIPT

Unless every condition in paragraph 2 is met exactly, no insurance will take effect prior to policy delivery. No agent, broker, or medical examiner is authorized to change or waive any of such conditions. If, within the past 12 months, any Proposed insured has had or been treated for any known heart trouble, stroke, AIDS or cancer, payment cannot be accepted with the application.

All checks must be made payable to United Security Life and Health Insurance Company. Do not make check payable to the agent or leave the payee blank.

Received from \_\_\_\_\_ \$ \_\_\_\_\_ cash

given with application for life insurance to United Security Life Insurance Company (United Security), which application bears the same date as this receipt. This receipt is void if the item given for it fails to result in payment.

1. If all the conditions in Paragraph 2 are met exactly, then insurance subject to the terms of the policy applied for, but not to exceed the limit in Paragraph 3, will start at the "Conditional Effective Time", defined as the later of: (a) when Part One of the application has been completed; or (b) when all medical exams and tests required by United Security's rules have been completed, and all required blood, urine, and/or oral fluid specimen(s) have been furnished.
2. Insurance will not start at the Conditional Effective Time unless all these conditions are met:
  - (a) At the Conditional Effective Time, all of the Proposed Insureds must be risks acceptable to United Security under its rules, limits, and standards of insurability for the amount and plan applied for, without change, and at the standard rate of premium.
  - (b) The sum of money, if any, given for this receipt must be at least as much as the full first premium for the plan, amount of insurance and the mode of payment stated in the application.
  - (c) All medical exams and tests required by United Security's rules must be completed, and all required specimens of blood, urine, and/or oral fluid specimen(s) furnished, within 60 days from the date of Part One of the application.
  - (d) At the Conditional Effective Time, the state of health and all factors affecting the insurability of the Proposed Insured(s) must be as stated in the application.
3. The total amount of life insurance, including accidental death benefits, which may become effective on any Proposed Insured prior to the effective date of a delivered policy for which the full first premium has been received by reason of this and any other receipts, will not exceed \$50,000.
4. If one or more of the conditions in Paragraph 2 is not met exactly, or if death of a Proposed Insured results from suicide, there will be no liability on the part of United Security except to return any money received.

I certify that I have explained all of the terms of this receipt to the Applicant(s).

Date: \_\_\_\_\_ X \_\_\_\_\_  
Signature of Agent

The following is a copy of the Agreement signed in connection with the application.

## AGREEMENT

**AGREEMENT:** I have read this application, and represent that all of the information given in it is true, complete, and correctly written to the best of my knowledge and belief. It is agreed that:

- A. The application consists of Part One, Part Two (if required), and any amendments or supplements to either of said parts. It will be relied on by United Security as the basis of any policy which may be issued.
- B. No agent, broker, or medical examiner can accept risks, make or change contracts, or waive any of United Security's rights, conditions, or requirements. Only an authorized officer of United Security can do these things.
- C. Except as may be provided by the Conditional Receipt, there will be no insurance unless and until a policy is delivered and the first modal premium paid in full while the insurability of the Proposed Insured(s) is still as described in the application; there must have been no material change in health or other risk factors. I will notify United Security if any such change takes place after I sign the application and before such delivery and payment.
- D. If the Conditional Receipt is delivered to the Applicant, insurance will start before a policy is delivered only if all the conditions set forth in such receipt are met. If I have received such receipt, its provisions have been explained to me and I fully understand them.
- E. Acceptance of a policy issued on this application will ratify any changes which may be noted in the section for Home Office "Corrections and Additions". But where the law so requires, written consent must be obtained for any change in the application.

## AGENT'S REPORT AND CERTIFICATE

- |   | Yes  | No   |
|---|--|--|
| 1. Is the Applicant or any Proposed Insured a current or past United Security policyowner or Insured?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 2. As far as you know, will the insurance applied for replace any existing insurance or annuity?<br>If "Yes", did you write the replaced policy?<br>Reason(s) for replacement:                            | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| <hr/>   |  |  |
| <hr/>   |  |  |
| <hr/>   |  |  |
| 3. Are there any Proposed Insureds whom you did not see when you took this application?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 4. Are there any Proposed Insureds who do not reside with the Primary Proposed Insured?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 5. Have you submitted or do you plan to submit this case to any other company?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 6. Has any Proposed Insured used a different last name in the past 5 years?<br>(Provide full details of all "Yes" answers)  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <hr/>   |  |  |
| <hr/>   |  |  |
| <hr/>   |  |  |
| 7. To clarify any question or obtain a telephone interview, the following is needed <b>(Please remind the Primary Proposed Insured about the possibility of a call):</b>                                  |  |  |
| Home Telephone: (     )                      Best time to call _____  |  |  |
| Cell Telephone: (     )                      Best time to call _____  |  |  |
| 8. Indicate below how well you know the Primary Proposed Insured (Applicant, if Primary Proposed Insured is under age 18).  |  |  |
| <input type="checkbox"/> Slightly for ____ years <input type="checkbox"/> Well for ____ years <input type="checkbox"/> Just met <input type="checkbox"/> Related by blood or marriage; he/she is my _____ |  |  |
| 9. Is medical exam or blood profile required? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Date Scheduled _____ Paramed/Examiner _____   |  |  |
| 10. If Primary Proposed Insured is below 18, how much life insurance is in force and applied for on:  |  |  |
| Mother _____ Father _____ Siblings _____  |  |  |
| 11. Request for <input type="checkbox"/> Additional <input type="checkbox"/> Alternate policy.  |  |  |
| Plan _____ Amount _____ Benefits _____  |  |  |
| Beneficiary _____ Other Differences _____   |  |  |
| 12. Source of Prospect  |  |  |
| <input type="checkbox"/> Existing Client <input type="checkbox"/> Relative of Client <input type="checkbox"/> Referred Lead <input type="checkbox"/> Personal Acquaintance for _____ years.               |  |  |
| <input type="checkbox"/> Cold Canvas <input type="checkbox"/> Direct Mail <input type="checkbox"/> Prospect approached me without being solicited   |  |  |

## AGENT'S REPORT AND CERTIFICATE

13. Use of Insurance (check one)

- ☐ Personal (If checked, complete question 14)      ☐ Business Related (If checked, complete question 15)

14.a Purpose of Personal Insurance with expectation of how proceeds will be utilized (check one most applicable)

- ☐ Create an Immediate Estate for Heirs      ☐ Surviving Income Protection  
☐ Retirement Income Supplement      ☐ Provide Estate Liquidity  
☐ Mortgage Protection/Acceleration      ☐ Secure Other Personal Debt  
☐ Supplement and Protect Personal Savings      ☐ Other \_\_\_\_\_

14.b How was amount of Personal Insurance determined? (check one most applicable).

- ☐ Needs Analysis with Assistance from Agent      ☐ Needs Analysis with Computer Output Assistance  
☐ Need Pre-Determined by Applicant      ☐ Other \_\_\_\_\_

15.a Purpose of Business Insurance (check one most applicable).

- ☐ Business Continuation Plan (Buy/Sell)      ☐ Key Person Plan      ☐ Deferred Compensation Plan  
☐ Split Dollar Plan      ☐ Executive Bonus Plan      ☐ Secure Business Debt  
☐ Other \_\_\_\_\_

15.b Business Data      ☐ Corporation      ☐ Partnership      ☐ Sole Proprietorship

If available, attach a copy of the business' latest audited financial statements (Balance Sheet and Profit and Loss).

In addition, please complete the following questions:

- i. Date Corporation, Partnership or Business Established \_\_\_\_\_  
ii. Estimated Net Worth of Business \$ \_\_\_\_\_  
iii. Current Value of Primary Proposed Insured's Interest (based on % of ownership) \$ \_\_\_\_\_  
iv. Net Annual Income of Business \$ \_\_\_\_\_  
v. If Proposed Insured is an officer or partner, are all of the remaining officers or partners applying for insurance at this time?      ☐ Yes      ☐ No (If "No", explain in remarks.)

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY that the answers given to the foregoing questions in this application are full, complete and true to the best of my knowledge and belief; that I know of no condition affecting the insurability of any person proposed for insurance which is not fully set forth herein; that I carefully asked each question as written before recording each answer prior to the application being signed; that the Special Notices regarding Information Practices, the Federal Fair Credit Reporting Act, and Medical Information Bureau, Inc., were given to the Primary Proposed Insured.

_____ Date	_____ Agent's Signature	_____ Joint Agent's Signature
	_____ Agent's Printed Name/ Agent No.	_____ Joint Agent's Printed Name/ Agent No.
	_____ Agent's License No./State	_____ Joint Agent's License No./State
	_____ Agent's Phone Number	_____ Joint Agent's Phone Number

**UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

6640 South Cicero Avenue, Bedford Park, Illinois 60638

1-800-875-4422 [www.uslandh.com](http://www.uslandh.com)

Fax number: (708) 475-6120

**NOTICE UNDER THE FAIR CREDIT REPORTING ACT AND NOTICE REGARDING MEDICAL INFORMATION BUREAU, INC.**

**WRITING AGENT: This special notice must be detached and given to the Proposed Insured.**

PROPOSED INSURED: PLEASE RETAIN THIS SPECIAL NOTICE FOR YOUR RECORDS.

**INFORMATION PRACTICES:** In most cases, the application is the only source of information required about the person(s) proposed for insurance. Occasionally, it is necessary to collect additional, personal information from other sources. Such information may, in some circumstances, be disclosed to third parties without your specific authorization, but only for certain limited purposes which we deem necessary to the conduct of our business. A right of access and correction exists with respect to any personal information we may collect. A notice providing a more detailed description of our information practices and your rights is available upon request.

**INVESTIGATIVE CONSUMER REPORTS:** As part of the underwriting process, we may request an investigative consumer report from a consumer reporting agency for the purpose of obtaining information about your character, reputation and mode of living, through personal interviews with your friends, neighbors, and associates. You may ask for a personal interview with the consumer reporting agency in connection with any investigative consumer report which may be prepared. You are also entitled, upon written request pursuant to law, to be informed of the nature and scope of the investigation and to receive a copy of the report.

**MEDICAL INFORMATION BUREAU, INC:** Information regarding your insurability will be treated as confidential. We, or our reinsurer(s), may, however, make a brief report thereon to the Medical Information Bureau, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

We, or our reinsurer(s), may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

For further information, write the Underwriting Department, United Security Life and Health Insurance Company, 6640 South Cicero Avenue, Bedford Park, Illinois 60638.

February 29, 2012

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

Re: **UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

<b>FEIN #:</b>	<b>36-3692140</b>	<b>/</b>	<b>NAIC #:</b>	<b>81108</b>
<b>EZTL-12POL</b>		<b>/</b>	<b>EZ Term Life Policy</b>	
<b>EZTL-CH-RDR</b>		<b>/</b>	<b>EZ Term Life Children's Rider</b>	
<b>EZTL-SP-RDR</b>		<b>/</b>	<b>EZ Term Life Spouse Rider</b>	

To Whom It May Concern:

I hope this correspondence finds you well. Please find enclosed the forms referenced above for your review and approval. These are new forms and do not replace any forms previously filed and approved by your Department.

**EZ Term Life Policy** is being filed for review and approval as an Individual Policy (SERFF Tracking No: USLH-128129568). This new form, **EZTL-12POL** will be effective for all business going forward from the approval date of the Arkansas Department of Insurance.

The Children's (**EZTL-CH-RDR**) and Spouse (**EZTL-SP-RDR**) EZ Term Life Riders are also being filed for your review and approval. These forms are new and will be used with the EZ Term Life Policy.

The referenced forms will provide benefits to those individuals who need to have access to EZ Term Life Insurance.

Please direct any questions, correspondence or approval to my attention concerning this filing. I look forward to your approval of these forms. You can contact me directly at 708-552-2417 or via email at [jaimegettemans@priscorp.net](mailto:jaimegettemans@priscorp.net).

Sincerely,



Jaime Gettemans  
Compliance

*Quality Products from Caring Professionals*

**Certificate of Compliance – Regulation 19s 10B**  
**Unfair Sex Discrimination in the Sale of Insurance**

**RE:** (EZTL-12POL-AR) – EZ Term Life Insurance Policy

I, Robert Dial, of United Security Life and Health Insurance Company, do hereby certify that above listed form(s) meets the requirements of Regulation 19s 10B as well as all applicable requirements of the Arkansas Department of Insurance.

BY:



\_\_\_\_\_  
Signature

Robert Dial

\_\_\_\_\_  
Name

Vice President and Secretary

\_\_\_\_\_  
Title

March 8, 2012

\_\_\_\_\_  
Date

SERFF Tracking Number: USLH-128129568 State: Arkansas  
 Filing Company: United Security Life and Health Insurance State Tracking Number:  
 Company  
 Company Tracking Number: EZTL-12POL  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: EZ Term Life Insurance  
 Project Name/Number: EZ Term Life Insurance/EZTL-12POL

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/29/2012	Form	EZ Term Life Insurance Policy	03/08/2012	EZ Term Life Policy - (EZTL-12POL).pdf (Superceded)

**UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**  
**6640 South Cicero Avenue**  
**Bedford Park, Illinois 60638**

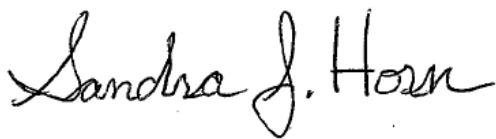
**EZ TERM**  
**TERM LIFE INSURANCE POLICY**

In this policy the words "You" and "Yours" refer to You, the insured named on Schedule Page 3. The words "We", "Us", and "Our" refer to UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY.

We issue this policy to You in consideration of the application and the payment of the premiums. We promise to pay benefits according to the provisions on this and the following pages of this Policy. This Policy is a legal contract between the policyowner and Us.

We will pay the proceeds of this Policy to the Beneficiary when We receive proof at Our Home Office that You have died while this Policy was in force.

Signed for Us at Our Home Office in Bedford Park, Illinois on the Issue Date.



President



Secretary

**READ YOUR POLICY CAREFULLY**

**RIGHT TO CANCEL.** Within 10 days after this Policy is first received, it may be canceled by delivering or mailing it to our Home Office (UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY, 6640 South Cicero Avenue, Bedford Park, Illinois 60638), the agent through whom it was purchased, or to any agent of Ours. Upon cancellation, all money will be refunded.

**RENEWABLE TERM LIFE INSURANCE TO AGE 95 POLICY**  
**PAYABLE AT DEATH OF INSURED**  
**INDETERMINATE PREMIUMS**  
**PREMIUMS SUBJECT TO CHANGE AS STATED IN THE PREMIUM CHANGE PROVISION**  
**INITIAL PREMIUM GUARANTEED FOR PERIOD SHOWN ON SCHEDULE PAGE**  
**NON-PARTICIPATING**

## TABLE OF CONTENTS

Page	Description	Page	Description
3	Schedule Page	9	Ownership and Beneficiary Provisions
4	Table of Guaranteed Maximum Annual Premiums		Owner
6	Definitions		Beneficiary
7-9	Policy Provisions		Change of Beneficiary
7	General Provisions	9	Assignment
	Authority		Provisions on How We Pay Policy
	Entire Contract		Benefits
	Incontestability		Amount of Benefits
	Misstatement of Age or Sex		Payment of Benefits
	Non-Participation		Death of Beneficiary
	Protection Against Creditors		
	Suicide		
	Termination		
	Actuarial Basis		
8	Premium Provisions		
	Premium Payments		
	Grace Period		
	Premium Change Provision		
	Renewal Privilege		
	Reinstatement		

## SCHEDULE PAGE

Insured	[John Doe]		
Issue Date	[3-1-2012]		
Policy Number	[12345678]		
Issue Age	[35]		
Sex and Class	[Male Preferred Non-Tobacco User]		
Initial Term Period	[10] years		
Face Amount	[\$50,000]		
Initial Premium	[\$114.50]	Premium Mode	[Annual]
Initial Premium Guarantee Period	[5] years		
Guaranteed Maximum Premium for Remainder of Initial Term Period			[\$142.00]
(Thereafter the term period becomes annual to age 95 (see Page 4 for Guaranteed Maximum Premium applicable after Initial Term Period))			
Expiry Date	[2-28-2072]		

### **Basis of Values**

INTEREST RATE FOR RESERVES:	[4.00%]
VALUATION METHOD:	COMMISSIONER'S RESERVE VALUATION METHOD
MORTALITY TABLE:	2001 CSO MALE or FEMALE, NONSMOKER or SMOKER, AGE LAST BIRTHDAY

# TABLE OF GUARANTEED MAXIMUM ANNUAL PREMIUMS

Applicable After Initial Term Period Shown on the Schedule Page

Gross Annual Premiums per \$1,000 of Face Amount

Add \$[48] Annual Policy Fee

Attained Age	Male			Female		
	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco
28	[1.73	2.16	3.08	1.42	1.77	2.18
29	1.73	2.16	3.12	1.46	1.83	2.27
30	1.74	2.18	3.20	1.50	1.88	2.37
31	1.78	2.22	3.30	1.55	1.94	2.46
32	1.82	2.28	3.44	1.60	2.00	2.57
33	1.90	2.37	3.62	1.66	2.07	2.70
34	1.98	2.48	3.83	1.73	2.16	2.85
35	2.08	2.60	4.08	1.81	2.27	3.02
36	2.18	2.73	4.38	1.93	2.42	3.27
37	2.33	2.91	4.76	2.08	2.60	3.57
38	2.48	3.11	5.18	2.23	2.79	3.92
39	2.65	3.32	5.66	2.40	3.00	4.29
40	2.86	3.57	6.21	2.60	3.26	4.74
41	3.07	3.84	6.81	2.82	3.53	5.22
42	3.30	4.13	7.47	3.04	3.80	5.70
43	3.55	4.44	8.19	3.25	4.07	6.18
44	3.83	4.79	8.99	3.47	4.34	6.66
45	4.14	5.18	9.83	3.71	4.64	7.17
46	4.48	5.60	10.70	3.96	4.95	7.70
47	4.84	6.05	11.64	4.24	5.30	8.24
48	5.23	6.54	12.66	4.52	5.66	8.82
49	5.66	7.08	13.77	4.85	6.06	9.47
50	6.16	7.70	15.00	5.21	6.51	10.16
51	6.72	8.40	16.40	5.60	7.01	10.89
52	7.37	9.21	17.97	6.06	7.58	11.73
53	8.11	10.14	19.76	6.56	8.21	12.66
54	8.94	11.18	21.71	7.08	8.85	13.61
55	9.86	12.33	23.79	7.63	9.54	14.58
56	10.87	13.59	26.00	8.18	10.23	15.54
57	11.94	14.93	28.32	8.72	10.91	16.44
58	13.13	16.41	30.77	9.26	11.58	17.33
59	14.46	18.08	33.39	9.88	12.35	18.27
60	15.95	19.94	36.32	10.60	13.25	19.40
61	17.60	22.01	39.62	11.48	14.36	20.81
62	19.51	24.39	43.34	12.59	15.74	22.62
63	21.67	27.09	47.49	13.94	17.43	24.83
64	24.07	30.09	52.04	15.47	19.34	27.29
65	26.70	33.38	56.85	17.11	21.39	29.88
66	29.54	36.93	61.89	18.82	23.52	32.52
67	34.92	43.65	71.90	22.02	27.53	37.58
68	41.03	51.29	82.95	25.55	31.94	43.03
69	48.06	60.07	95.35	29.58	36.98	49.12

**TABLE OF GUARANTEED MAXIMUM ANNUAL PREMIUMS**  
(continued)

Applicable After Initial Term Period Shown on the Schedule Page  
Gross Annual Premiums per \$1,000 of Face Amount  
Add \$[48] Annual Policy Fee

	Male			Female		
Attained Age	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco
70	56.22	70.28	109.39	34.34	42.93	56.28
71	64.62	80.78	125.46	39.44	49.30	65.10
72	71.92	89.90	143.96	44.13	55.16	75.88
73	80.18	100.22	164.99	49.74	62.18	88.85
74	89.25	111.56	188.74	56.21	70.26	104.04
75	98.94	123.68	215.06	63.42	79.28	121.29
76	109.18	136.48	243.33	71.23	89.04	140.45
77	119.89	149.86	273.27	79.60	99.50	161.41
78	131.12	163.90	305.01	88.66	110.82	184.47
79	143.23	179.04	339.33	98.69	123.36	210.34
80	156.61	195.76	377.13	110.10	137.62	239.94
81	171.60	214.50	404.88	123.22	154.02	264.69
82	188.51	235.64	435.63	138.34	172.92	292.83
83	207.26	259.08	468.87	155.39	194.24	325.32
84	227.49	284.36	503.49	174.19	217.74	360.54
85	248.72	310.90	538.32	194.53	243.16	397.95
86	270.69	338.36	572.52	216.26	270.32	437.25
87	293.06	366.32	607.62	239.34	299.18	478.05
88	315.73	394.66	644.19	263.81	329.76	520.56
89	339.02	423.78	680.55	289.84	362.30	564.75
90	363.28	454.10	717.24	317.65	397.06	613.74
91	389.06	486.32	755.40	347.87	434.84	666.48
92	417.31	521.64	799.65	381.65	477.06	724.98
93	450.80	563.50	856.41	421.36	526.70	793.68
94	495.73	619.66	933.81	472.37	590.46	885.69]

## DEFINITIONS

**AGE** means the Insured's Age on his or her last birthday at the Issue Date. Age changes occur only on Policy anniversaries.

**AMENDMENT OR ENDORSEMENT** are words indicating a modification of this Policy.

**BENEFICIARY** is the person or entity named to receive the Death Benefits of this Policy.

**FREQUENCY and MODAL** refer to the number of times per year that a Premium is payable:

1. Annually — 1 time per year;
2. Semi-Annually — 2 times per year;
3. Quarterly — 4 times per year;
4. Monthly or Special Monthly — 12 times per year.

**HOME OFFICE** means UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY, 6640 South Cicero Avenue, Bedford Park, Illinois 60638.

**IN WRITING** means in a written form satisfactory to Us and filed at Our Home Office.

**INSURED** is the person whose life is covered by this Policy. The Insured's name is shown on the application for this Policy and under Policy Data on Page 3.

**ISSUE DATE** is the date this Policy becomes enforceable. It is used to determine Policy years, Policy anniversaries and Premium due dates.

**PREMIUMS** are the payments that are made to Us for this Policy.

**PROCEEDS** means the net amount payable under this Policy upon the death of the Insured.

**PROOF** means documentation of loss In Writing acceptable to Us.

**RIDER** means an attachment to this Policy that provides additional benefits.

**TOTAL PREMIUM** at any time is the sum of the Premium for the Basic Policy Benefit and the Premiums for any attached in force Riders, all computed for the Frequency of payment shown on Page 3.

**WE, OUR and US** all mean the UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY.

**YOU and YOUR(s)** refer to the Owner of this Policy.

## **POLICY PROVISIONS**

### **GENERAL PROVISIONS**

**AUTHORITY:** Only the President, a Vice President, or the Secretary have authority to make changes to this Policy or to waive any of its provisions or requirements. This must be done in writing.

**ENTIRE CONTRACT:** The Entire Contract consists of this Policy and the attached application, plus any attached Riders, Amendments or Endorsements. We have issued this Policy in return for the application and payment of the first Premium. Statements in the application, in the absence of fraud, are considered representations rather than warranties.

**INCONTESTABILITY:** This Policy shall be Incontestable, except for non payment of premium, after it has been in force, while the Insured is alive, for two years after the Issue Date. If this Policy is Reinstated, a new two year Incontestability period shall apply from the date of the application for Reinstatement and will apply only to statements made in the application for Reinstatement. This provision does not apply to:

1. non-payment of Premiums; and
2. the Waiver of Premium Disability Benefit provision.

**MISSTATEMENT OF AGE OR SEX:** If the Age or Sex of the Insured as shown on Page 3 is not correct, the Benefit to be paid will be adjusted. This Benefit will be an amount that the Premium paid would have purchased for the true Age and Sex.

**NON-PARTICIPATION:** This Policy does not share in the surplus or earnings of the Company. This Policy will not pay any dividends.

**PROTECTION AGAINST CREDITORS:** So far as allowed by law and this Policy, payment of Proceeds will not be subject to claims of the Insured's creditors or to legal process.

**SUICIDE:** If the Insured commits Suicide, while sane or insane, within two years from the Issue Date, We will pay only a benefit equal to the amount of Premiums paid.

**TERMINATION:** All coverage under this Policy will terminate when one of the following events occurs:

1. the Premium for the Policy is not paid when due or within the Grace Period;
2. the first premium date following the date the Owner sends a signed written request for termination of this Policy.
3. the Primary Insured dies; or
4. the Expiry Date shown on the Policy Schedule Page is reached.

**ACTUARIAL BASIS:** Reserves have been computed using the mortality table and interest rates shown on the Schedule Page. The calculations assume that deaths are evenly distributed throughout the Policy year. A detailed method of computing reserves has been filed with the Insurance Department of the state where this Policy was delivered. All reserves are at least equal to those required by the laws of such state.

## **PREMIUM PROVISIONS**

**PREMIUM PAYMENTS:** Premiums for the Basic Coverage and any attached Riders are shown on Page 3 under the Schedule of Benefits and Premiums. The Total Premium is payable in advance for the Frequency shown. You may change the Frequency on any Policy anniversary upon written request to Us at Our Home Office. The Total Premium for other payment Frequencies is also shown. If You request, We will give You a receipt for Your Premium Payment signed by one of Our Officers.

**GRACE PERIOD:** A Grace Period of 31 days is allowed to pay any Premium but the first. During this Grace Period, the Policy will be in full force. If the Premium remains unpaid at the end of the Grace Period, the Policy will terminate. If the Insured dies during the Grace Period, any Premiums due will be deducted from the Face Amount.

**PREMIUM CHANGE PROVISION:** The Initial Premium is shown on the Schedule Page and is guaranteed not to change during the Initial Premium Guarantee Period shown on the Schedule Page. After the Initial Premium Guarantee Period, the premium may change but will not exceed the Guaranteed Maximum Premium for Remainder of Initial Term Period shown on the Schedule Page. We may charge less than the maximum premiums shown, but will never charge more. If there is a premium change, we will inform the Owner before each policy year begins of the amount of the annual premium for that Policy year.

Any change will be applied on a uniform basis by age, sex, premium class and number of Policy years in force. A change in the health, occupation or other risk factor after the Issue Date will not affect any adjustment in premium. A change will not affect Policy reserves. Premiums for any Rider attached to this Policy will not be adjusted, unless the Rider provides for such adjustment.

**RENEWAL PRIVILEGE:** This Policy may be renewed at the end of the Initial Term Period. After the Initial Term Period, the term period becomes annual. The Policy may be renewed each year until the Expiry Date shown on the Schedule Page. To renew, just send us the applicable renewal premium within 31 days after the end of the preceding term period and while this Policy is in force. The renewal premium is based on the Table of Guaranteed Maximum Premiums shown on page 4 and is subject to the Premium Change Provision.

**REINSTATEMENT:** This Policy may be reinstated within 3 years after it lapses. We require:

1. that the Policy has not been surrendered for cash; and
2. evidence of insurability satisfactory to Us; and
3. payment of all past due Premiums; and
4. Interest to date of reinstatement on 3, above, at the rate of 6% per year, compounded annually.

## OWNERSHIP AND BENEFICIARY PROVISIONS

**OWNER:** While the Insured is alive, the Owner may exercise all Policy rights not Assigned. The Insured is the Owner unless otherwise stated in the application, or later changed in writing. If the Insured is under the statutory age to contract for life insurance, he or she cannot exercise the rights of ownership. Then these rights may be exercised by the following, successively, while living and legally competent:

1. the person who applied for this Policy;
2. the primary Beneficiary;
3. the contingent Beneficiary; or
4. the legal guardian of the Insured.

**BENEFICIARY:** The Beneficiary is the person or entity named to receive the Death Benefit and is shown on Page 3. While the Insured is alive, the Owner may change the Beneficiary. Rights of a Beneficiary are subject to any Assignment of record. If any Beneficiary dies before the Insured, that Beneficiary's interest is transferred to the Owner unless otherwise provided. If a Beneficiary is a minor, We will pay the Proceeds to the guardian of his property. We may require Proof of Age.

**CHANGE OF BENEFICIARY:** The Change may be made on forms We provide. It will take effect when signed subject to any action We take before recording it. The Change will be effective whether or not the Insured is alive when it is recorded. We may require that the Policy be submitted to Us for endorsement reflecting this Change.

**ASSIGNMENT:** This Policy may be Assigned. The Assignment must be in writing and is effective only when recorded at the Home Office. We are not responsible for the validity of an Assignment. Any Assignment is subject to any actions We took before it was effective. The interest of any Beneficiary or other person shall be subject to any Assignment, regardless of when the Assignment is made.

## PROVISIONS ON HOW WE PAY POLICY BENEFITS

**AMOUNT OF BENEFITS:** The benefits payable at Your death will be the sum of:

1. the Face Amount of this Policy; plus
2. any insurance on Your life provided by Riders; plus
3. any premium paid beyond the date of death.

Payment will be made within 2 months of receipt of proof of Your death.

**PAYMENT OF BENEFITS:** Normally any amount payable by Us under this Policy will be paid in one lump sum. If requested We will make payment in installments by mutual agreement. If this has not been arranged in advance, then the person receiving the Policy benefits may request installment payments. Otherwise We will pay the benefits in one lump sum.

**DEATH OF BENEFICIARY:** If the Beneficiary dies before You and You have not named a new Beneficiary prior to Your death, then We will pay the Benefits to Your estate.

**UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY  
6640 South Cicero Avenue  
Bedford Park, Illinois 60638**

**RENEWABLE TERM LIFE INSURANCE TO AGE 95 POLICY  
PAYABLE AT DEATH OF INSURED  
INDETERMINATE PREMIUMS  
PREMIUMS SUBJECT TO CHANGE AS STATED IN THE PREMIUM CHANGE PROVISION  
INITIAL PREMIUM GUARANTEED FOR PERIOD SHOWN ON SCHEDULE PAGE  
NON-PARTICIPATING**